



NEVADA DEPARTMENT OF AGRICULTURE
AGRICULTURAL AIRCRAFT OPERATOR'S
CERTIFICATE OF QUALIFICATIONS



This is to certify that: _____
(Name)

(Street Address, P.O. Box) (City) (State) (ZIP Code)

1. Has been thoroughly schooled by the undersigned in the following:

- (a) ☐ Steps to be taken before starting operations including survey of to be worked.
- (b) ☐ Performance capabilities and operating limitations of aircraft to be used.

2. Has been examined by the undersigned and is qualified to perform the following:

- (a) ☐ Safe flight and safe application procedures.
- (b) ☐ Aircraft maneuvers with the aircraft's maximum certified take-off weight, or an established special maximum weight load, whichever is greater. Maneuvers to include short field take-offs, flair-outs, swath runs, pull-ups and turnarounds. Rapid deceleration for helicopters.

3. Has had a minimum of five (5) hours familiarization time in the aircraft to be used and is rated to use the following aircraft for agricultural operations:

Signed by holder of Agricultural Aircraft Operator Certificate issued by the Federal Aviation Agency.

(FAA Agricultural Aircraft Operator Certificate No.)

Rater: _____
(Name) (Street Address, P.O. Box) (City) (State) (Zip Code)

Date: _____

Northern Nevada: 350 Capitol Hill Avenue
Reno, Nevada, 89502-2923
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